

Letter to the Editor: What Is the Best Method of Prevention of Therapeutic Failures in CNS in High Risk Retinoblastoma?

Progressions and recurrence in extraocular retinoblastoma occur at the earliest and the most often in the central nervous system (CNS) and are fatal as a rule [1–9]. In his article [3], Dr. Advani wrote “It is quite possible that intracranial disease could have been prevented by using intrathecal chemotherapy . . .”. Therefore in view of the discussion by Dr. White who quoted an interesting case [10], we would like to present our patient.

A 2-year-old boy with unilateral stage IIb₂ by Reese-Ellsworth retinoblastoma (orbital disease with the optic nerve involvement on the border of the surgical incision) was admitted after enucleation to our Department in March 1993. The treatment consisted of 5,000 cGy of cotherapy to the orbit, 10 cycles of OPEC chemotherapy (Endoxan 600 mg/m², vincristine (VCR) 1 mg/m², Cisplatin 60 mg/m² Etoposid 150 mg/m²) and 6 weekly intrathecal methotrexate infusions at the dose adjusted to the age [11]. He remains disease-free 27 months from the initial diagnosis, and 17 months without treatment.

In our region, children with intraocular retinoblastoma are treated in other centers, and only patients with extraocular retinoblastoma and progression (2–3 cases per year) are admitted to our hospital.

Despite the interesting data mentioned in the literature about prophylaxis of CNS disease [2–5,7,8], results of such prevention have never been presented. We do not know what the best method of CNS disease (progression, recurrence) prevention is; therefore, we have written this letter. We do hope that authors, who years ago carried out prophylaxis of CNS disease, would like to share their experience with us.

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